

Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance



Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form

the reimburseme	ent form.				
		Date	e of Reimbursement: 4/12/18		
Name of Individ	lual Being Reimbursed: Kent Fac	erber			
Committee Nam	ne: Political	Action Committee to Re-Elect Tamson Ely ar	nd Austin Sarat		
CPF ID Number (if applicable):		Telephone	Telephone Number (optional):		
	ITI	EMIZE EXPENDITURES IN EXCES	SS OF \$50		
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount	
4/12/18	Daily Hampshire Gazette	PO Box 299 Northampton, MA 01061	One 4x3.00 advertisement in Amherst Bulletin	\$396.96	
4/12/18	Super Cheap Signs	9200 Waterford Centre Blvd. Suite 100 Austin, TX 78758	50 yard signs 40 wire stakes	\$425.24	
	(Include items listed on Page 2)	→ Line 1: Expenditures in excess of	f \$50 (itemized above):	\$822.20	
		Line 2: Expenditures \$50 or unde	er (not itemized):		
		Line 3: TOTAL AMOUNT RE	IMBURSED:	\$822.20	
Signed under th	ne penalties of perjury:	andidate / Treasurer	Date: 4/25	5/18	